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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |  | ATTORNEY'S DOCKET NUMBER<br>32128-211698   |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP03/06020  | INTERNATIONAL FILING DATE<br>June 10, 2003 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/517842</b><br>No Assignment |
| TITLE OF INVENTION      COMPATIBILITY IMPROVEMENT ACHIEVED BY SYNDIOTACTIC POLYPROPYLENE   |  |  |
| APPLICANT(S) FOR DO/EO/US      Martin OTTOW  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |  |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))</p> <p>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</p> <p>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. (attach is form PCT/IB/308)</p> <p>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).</p> <p>a. <input checked="" type="checkbox"/> is attached hereto.</p> <p>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))</p> <p>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</p> <p>b. <input type="checkbox"/> have been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</p> <p>d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |  |  |
| <b>Items 11 to 20 below concern document(s) or information included:</b>   |  |  |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: International Search Report, Form PCT/IB/304</p>  |  |  |

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| U. S. APPLICATION NO. (Unknown, see 37 CFR 1.5)<br>Not Yet Assigned<br>10/517842   |                             | INTERNATIONAL APPLICATION NO.<br>PCT/EP03/06020                               |                   | ATTORNEY'S DOCKET NUMBER<br>32128-211698 |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
|--|-----------------------------|---|-------------------|--|--|-------------------------------------|-----------------------------|---|------------|--------|--|-------------------------------------|--------------------------|----------|------------|--------|--|-------------------------------------|---------------------|----------|----------|--------|--|---|--|--|------------------|----|--|--------------------------------------|--|--|-------------------|--|--|
| 21. The following fees are submitted:  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>a) Basic national fee .....</td> <td>\$300.00</td> <td>\$</td> <td>300.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>b) Examination fee .....</td> <td>\$200.00</td> <td>\$</td> <td>200.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>c) Search fee .....</td> <td>\$500.00</td> <td>\$</td> <td>500.00</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td colspan="3"><b>\$1000.00</b></td> </tr> </table>                       |                             |   |                   |  |  | <input checked="" type="checkbox"/> | a) Basic national fee ..... | \$300.00  | \$         | 300.00 |  | <input checked="" type="checkbox"/> | b) Examination fee ..... | \$200.00 | \$         | 200.00 |  | <input checked="" type="checkbox"/> | c) Search fee ..... | \$500.00 | \$       | 500.00 |  | <b>TOTAL OF ABOVE CALCULATIONS =</b>        |  |  | <b>\$1000.00</b> |    |  |                                      |  |  |                   |  |  |
| <input checked="" type="checkbox"/>  | a) Basic national fee ..... | \$300.00  | \$                | 300.00                                   |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <input checked="" type="checkbox"/>  | b) Examination fee .....    | \$200.00  | \$                | 200.00                                   |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <input checked="" type="checkbox"/>  | c) Search fee .....         | \$500.00  | \$                | 500.00                                   |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |                             |   | <b>\$1000.00</b>  |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra sheets</th> <th>Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th>RATE</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/50 =</td> <td></td> <td>x \$250.00</td> <td></td> <td></td> </tr> </tbody> </table>   |                             |   |                   |  |  | Total Sheets                        | Extra sheets                | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE       |        |  | - 100 =                             | /50 =                    |          | x \$250.00 |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Total Sheets   | Extra sheets                | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE              |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| - 100 =  | /50 =                       |   | x \$250.00        |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>17 - 20 =</td> <td>0</td> <td>x 50.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent claims</td> <td>2 - 3 =</td> <td>0</td> <td>x 200.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td colspan="3"><b>\$ 1000.00</b></td> </tr> </tbody> </table> |                             |   |                   |  |  | CLAIMS                              | NUMBER FILED                | NUMBER EXTRA  | RATE       |        |  | Total claims                        | 17 - 20 =                | 0        | x 50.00    | \$     |  | Independent claims                  | 2 - 3 =             | 0        | x 200.00 | \$     |  | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  | +                | \$ |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  | <b>\$ 1000.00</b> |  |  |
| CLAIMS   | NUMBER FILED                | NUMBER EXTRA  | RATE              |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Total claims   | 17 - 20 =                   | 0   | x 50.00           | \$                                       |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Independent claims   | 2 - 3 =                     | 0   | x 200.00          | \$                                       |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |                             |   | +                 | \$                                       |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |                             |   | <b>\$ 1000.00</b> |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <b>SUBTOTAL =</b> \$ 1000.00   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <b>TOTAL NATIONAL FEE =</b> \$ 1000.00   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <b>TOTAL FEES ENCLOSED =</b> \$ 1040.00  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <table border="1"> <tr> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td>Amount to be charged:</td> <td>\$ 1040.00</td> </tr> </table>   |                             |   |                   |  |  | Amount to be refunded:              | \$                          | Amount to be charged:   | \$ 1040.00 |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Amount to be refunded:   | \$                          |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| Amount to be charged:  | \$ 1040.00                  |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 22-0261 in the amount of \$ 1,040.00 to cover the above fees. A duplicate copy of this sheet is enclosed.  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 22-0261. A duplicate copy of this sheet is enclosed.  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| SEND ALL CORRESPONDENCE TO:  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| <br>SIGNATURE:<br>Robert Kinberg   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| NAME   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| CUSTOMER NUMBER: 26694   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| 26,924   |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |
| REGISTRATION NUMBER  |                             |   |                   |  |  |                                     |                             |   |            |        |  |                                     |                          |          |            |        |  |                                     |                     |          |          |        |  |   |  |  |                  |    |  |                                      |  |  |                   |  |  |